

Name In Full

Certificate of Death

Robert John Agnew

Town

County

Died at Emmitsburg Frederick

MARYLAND

Data 1902

Month

Day

Y.

M.

D.

Native of

Occupation

April 11

Age

2

1

9

Maryland

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Eli Homer Agnew

Mother's

Maiden Name

Marion R. Callus

Cause of

Primary

Whooping Cough

How long sick

3 weeks

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

Robert L. Anger M.D.

Address

Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75885



Name in Full

Certificate of Death

Singleton B. Albaugh

Died at

Town *Burkittsville*

County

Frederick

State *Maryland*

MARYLAND

Date 19

02

Month

Day

April 10

Y.

M.

D.

Age *80 3 9*

Native of

Ind

Occupation

Carpenter

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Ann Catherine Castle

Wife

Father's

Mother's

Name

Abraham Albaugh

Maiden Name

Ann Rebecca Rice

Cause of

Primary

Paralysis

How long sick

about 33 hours

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

C. W. Schiltreck

Address

Burkittsville

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Peter Alexander

Died at ^{Town}Sabillasville ^{County}Frederick MARYLANDDate 1902 ^{Month}Apr. ^{Day}11 Age 44 ^{Y.}
^{M.}
^{D.} ^{Native of}Maryland ^{Occupation}Laborer
Male White Married ~~Widower~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Catharine Gimmernan

Father's Name Tiplman Alexander Mother's Maiden Name

Cause of Death { Primary Pneumonia 93
Immediate
How long sick Seven days
~~Accident, Suicide, Homicide~~

Reported by Dr. C. L. Wichter

Address Sabillasville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Walter A. Anderson

Town

County

Died at

Frederick

"

MARYLAND

Date 1902 Month 4 Day 30 Y. 28 M. 8 D. 18 Native of Md Occupation Barber
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of X
Wife

Father's Name Richard E. Anderson Mother's Name Barbara E. Shaw

Cause of Death { Primary Tuberculosis of How long sick
 Immediate Apnoea, Exhaustion Accident Suicide Homicide

Reported by C. J. Fordell. M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85060



Name In Full

Certificate of Death

Hepsylah Baker

Town

County

MARYLAND

Died at

Kearptons

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr 24

Age 67

—

Died

Dental

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

Five

Husband

of

G W Baker

Wife

Father's

Mother's

Name

Lumel Brandenburg

Maiden Name

Hepsylah Brandenburg

Cause of

Primary

Tuberculosis

Death

Immediate

Exhaustion

How long sick

10 years

Accident, Suicide, Homicide

Reported by

H. C. Baker, Jr. M.D.

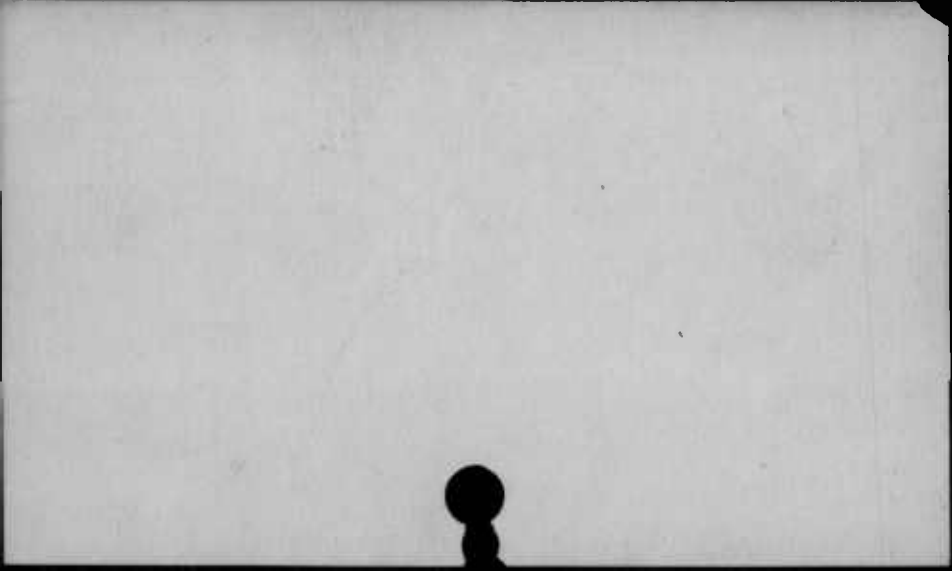
Address

Kearptons

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name in Full

Certificate of Death

John J. Best
Died at *Frederick* Town *Frederick* County *MARYLAND*

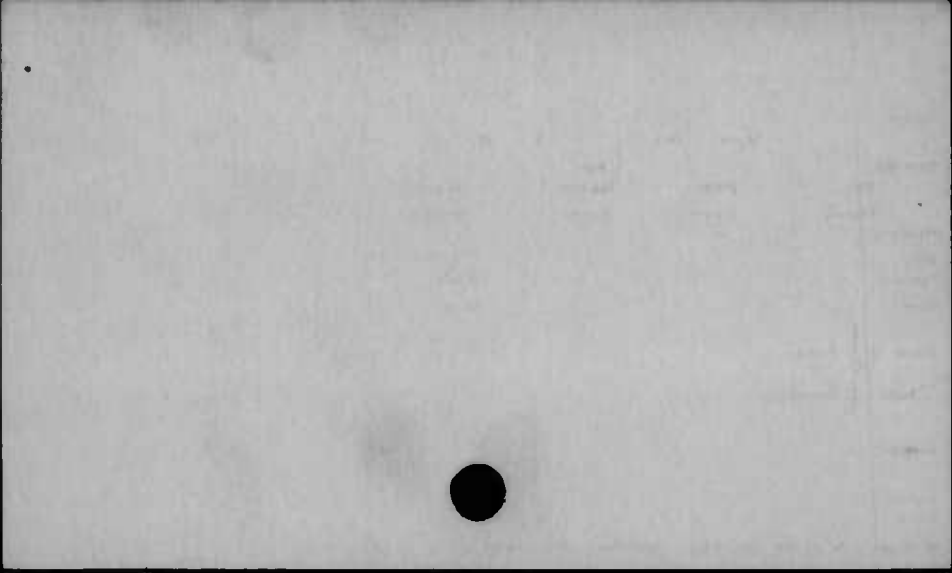
Date *1902* Month *4* Day *23* Y. *63* M. *14* D. *Frederick* Native of *Frederick* Occupation *Farming*
Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *15*

Husband of *Emma Ford*
Wife of *Emma Ford*
Father's Name *David Best* Mother's Name *Catherine Lamb*

Cause of Death { Primary *Cerebral Apoplexy* Immediate *Paralysis* } How long sick *5 months*
Accident, Suicide, Homicide

Reported by *W. A. Sherry*
Address *Frederick* *W*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Noah Best

Died at ^{Town} Montross Hospital - ^{County} Frederic Co MARYLAND

Date 1902 April 29 Age 58 - - Native of Fredt Co Occupation —

Male White Married ~~Widow~~ Divorced

Female Colored Single Widower Number of children living —

Husband
of
Wife

Father's Name J. F. Best Mother's Maiden Name Catherine Best

Cause of Death { Primary Hemiplegia - 64 How long sick —

Death { Immediate Convulsions Accident, Suicide, Homicide

Reported by J. S. Haymond M.D. Physician to Montross

Address 17 Fremont St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Bowie
 Town County
 Died at *Mar Urbana Frederick* MARYLAND
 Month Day Y. M. D. Native of Occupation
 Date 1902 *Apr - 26* Age *50* *Wid* *Labourer*
 Male ~~Female~~ *White* ~~Colored~~ Married ~~Single~~ *Widow* ~~Widower~~ Divorced
 Number of children living

Husband of *Ann Smith*
 Father's Name *Henry Bowie* Mother's Maiden Name *Mary Ann Bowie*
 Cause of Death { Primary *Heart Disease* Immediate *Dropsy* How long sick
 Accident, Suicide, Homicide

Reported by *E. E. Mullins, M.D.* *79*
 Address *Mar Urbana - Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Samuel Carter

Town

County

Frederick

Frederick

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

April 3

Age 49

Md

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

0

Husband of

Wife

Henrietta Dessey

Father's

Name

David Carter

Mother's

Maiden Name

Charlotte Johnson

Cause of

Primary

Pneumonia

93

How long sick

10 weeks

Death

Immediate

caseous degeneration and
claim of lungs - exhaustion

Accident, Suicide, Homicide

Reported by

Dr Wm Crawford Johnson

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Kitty Anne Davis

Town

County

Died at

Libertytown Fred Co

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Apr 3rd

Age 87-0 18

Libertytown Lady of Leisure

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living two

Husband of

Wife

Father's

Name

James S. Davis

Mother's

Maiden Name

Sarah R. Coale

Cause of

Primary

Old age

Death

Immediate

asthenia

How long sick

4 weeks 4 days

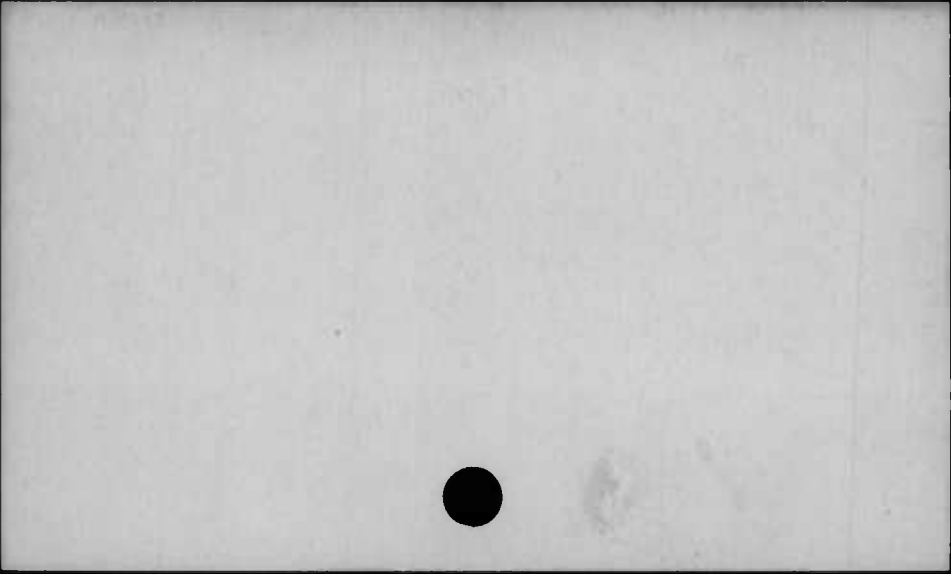
~~Accident, Suicide, Homicide~~

Reported by

Address

James C Sappington M. R.
Libertytown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Downey

71

Died at ^{Town} New Market ^{County} Fred Co

MARYLAND

Date 1907. Month 4 Day 16. Age 76. Native of Md. Occupation Retired.

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 3 -

Husband of M. J. Downey

Wife -

Father's Name Wm Downey Mother's Maiden Name Cordelia Downey

Cause of Primary Heart Disease & debility

How long sick

1 year

Death Immediate Heart failure

Accident, Suicide, Homicide

Reported by J. Downey M.D.

Address New Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Leslie H. Haise

Died at

Town

Mt. Hale

County

Frederick

MARYLAND

Date 1902

Month

Day

Apr 19

Y.

M.

D.

Native of

Occupation

Age

2

Ma

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Samuel Haise

Mother's
Name

Laura Smith Haise

Cause of

Primary

Death

Immediate

Thrush

100

How long sick

2 weeks

Accident, Suicide, Homicide

Reported by

Charles H. Goetz

Address

Hagerstown

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name in Full

Certificate of Death

Mrs Susan M Fellers

Town

County

Died at near Point of Rocks, Frederick

MARYLAND

Date 1902 April 4 Age 77

Male ☒ White ☒ Married ☒ Widowed ☒ ~~Divorced~~

Female ☒ Colored ☒ Single ☒ Widowed ☒ Number of children living 1

Husband ~~at~~ Josiah D Fellers

Wife

Father's Name don't know

Mother's Name don't know

Cause of Primary Paralysis

Death Immediate Expiration

How long sick 10 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Wm. Henry Fisher

Town

County

Died at

MARYLAND

Date 1900

Month

Day

Y.

M.

D.

Native of

Occupation

Apr 15 72 - 6 - Old Fields Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primery

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Anna M. E. Folan

Town

County

Died at

Fredricks

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4 29

Age

- 2-15

City

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Wm Folan

Mother's

Maiden Name

Blair

Cause of

Primary

Marasmus 10

How long sick

Death

Immediate

Shastri's

Accident, Suicide, Homicide

Reported by

A. T. Rice & Sons Undertakers

Address

190 N. Market St. City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

~~Intercess~~

Interment Apr 30

" Reformed Beauty

A. T. Rice & Sons

Name In Full

Certificate of Death

Ruth Fry

91

MARYLAND

Died at

New Market

County

Frederick

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4

22

Age

53

-

-

Md

~~Male~~~~Female~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

8

~~Husband~~ of

William Fry

Wife

Father's

Name

Mother's

Maiden Name

Ruth Dickey

Cause of

Primary

Gall Stones

Death

Immediate

Leitonitis

How long sick

4 days

Accident, Suicide, Homicide

Reported by

Brown & Hopkins

Address

New Market Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Joseph Emmanuel Goings

8,

Town

County

MARYLAND

Died at

Bartonville

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4 - 18

Age 54. - -

Frederick Co

Labour

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Joshua Goings

Maiden Name

—

Cause of

Primary

How long sick

Death

Immediate

Epileptic Convulsion

Accident, Suicide, Homicide

Reported by

C. C. Looney Funeral Director

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Infant Henderson

Town

County

Died at

Frederick

"

MARYLAND

Date 1912 Month 4 Day 18 Y. M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband of X

Wife

Father's Name Nelson Scott Mother's Name Georgio Henderson

Cause of Death { Primary Stillborn } ~~How long sick~~

Immediate Unknown cause ~~Accident, Suicide, Homicide~~

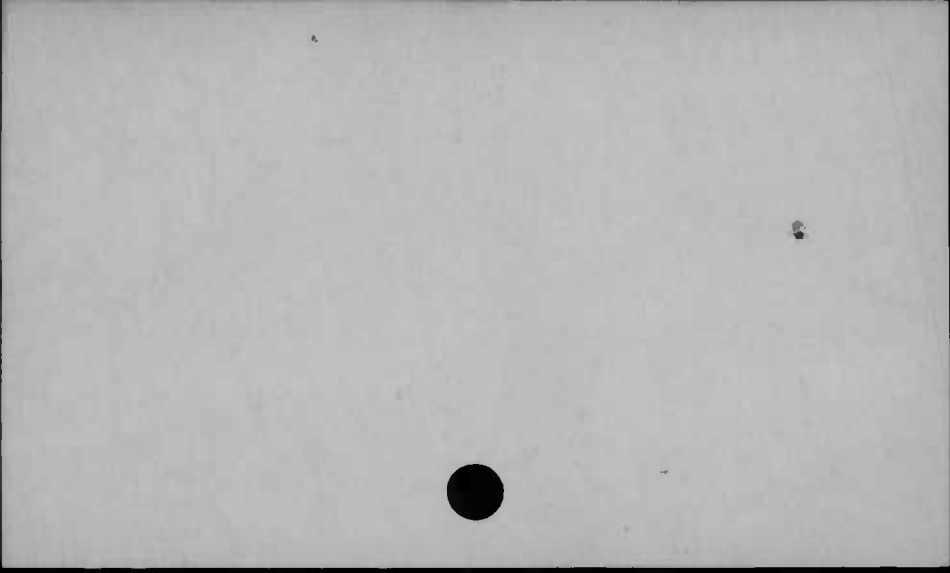
Reported by

C. J. Fordyce M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65065



Name In Full

Certificate of Death

Leslie Hildebrand

Town

County

Died at

near Woodstons

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

apr 7

Age 17

8

26

U.S.A

Student

Male yes

White yes

Married

Widow

Divorced

Female

Colored

Single yes

Widower

Number of children living

Husband of

Wife

Father's

Name

Bry F. Hildebrand

Mother's

Maiden Name

Annie Lock

Cause of

Primary

Pneumonia

How long sick

4 days

Death

Immediate

Intense Cerebrospinal congestion

Accident, Suicide, Homicide

Reported by

Robt. L. Hammond

Address

Woodstons Md

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Adele Marie Hogan

Town

County

Died at

Emmitsburg

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4

8

Age

33, 2, 7

U.S.

Religious

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~
of~~Wife~~

Father's

Name

Michael Hogan

Mother's

Maiden Name

Dora Miller

Cause of

Primary

Phthisis Pulmonalis

How long sick

1 Year

Death

Immediate

Dysentery - 27

~~Accident, Suicide, Homicide~~

Reported by

John B. Brown M.D.

Address

Emmitsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Hogan
 Town County
 Died at Frederick Frederick MARYLAND
 Date 1902 April 4 Age 47. - - New York Cook
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Frank Hoke -

Town

County

Died at Emmitsburg Frederick

MARYLAND

Date 1902 Apr. 1st Y. M. D. Age 30 = 27 Native of Md. Occupation

Male White Married Widower Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Mike Hoke

Mother's Name Laura Hoke

Cause of Primary Chronic Alcoholism

How long sick 5 days

Death Immediate Heart Failure

Accident, Suicide, Homicide

Reported by R. W. E. Stone 56

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr......

of.....

Seen by Coroner.....

of.....

Information contained in this certificate received

from.....

of.....

Name in Full

Certificate of Death

Died at *Seagr* ^{Town} *Keens* ^{County} *Frederick* MARYLAND

Date 189 *2* Month *4* Day *13* Y. *57* M. *57* D. *57* Native of *Maryland* Occupation *Farmer*

Male *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband
of
Wife
Father's
Name

Mother's
Name

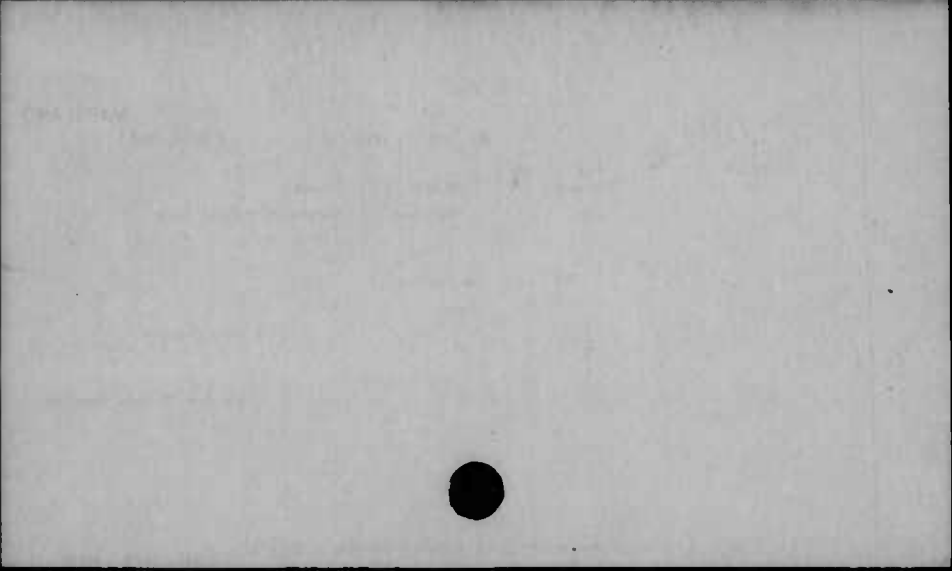
Cause of { Primary *Pulmonary Consumption* How long sick *3 or 4 years*
 Death { Immediate *Exhaustion* ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Address

H E Stone
Mt Pleasant Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Michael Killian

Town

County

Frederick

MARYLAND

Died at

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Apr 25

Age

80

Germany

Retired

Male

White

Married

Widow

Divergent

Female

Colored

Single

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Disease of heart (Myocardial infarction)

How long sick

5 1/2 wks

Death

Immediate

Drowning

Accident, Suicide, Homicide

Reported by

J. S. Macdonald M.D.

79

Address

17 W. 5th St. N.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name in Full

Certificate of Death

Maggie Lee

Town

County

Died at

MARYLAND

Date 19 12 . Apr. 30 . Age 1 1 . nd .
 Male White Married Widow Divorced nd
 Female Colored Single Widower Number of children living—

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pneumonia

How long sick

3 wks.

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Name in Full *Chas. Jacob Linton*
 Town *Yellow Springs* County *Fredricks* MARYLAND
 Died at
 Date *1902* Month *4* Day *16* Y. *49* M. *1* D. *22* Native of *Yed* Occupation *Laborer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living *3*
 Husband of *Lena*
 Wife of *Frank*
 Father's Name *Samuel Linton* Mother's Maiden Name *Elizabeth Snyder*
 Cause of Death { Primary *Phthisis Pulmonalis* How long sick *1 year*
 Immediate *Asthma* Accident, Suicide, Homicide
 Reported by *S. J. Hay*
 Address *Fredricks, Md.*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Dennis McCarron

Died at ^{Town} Emmitsburg ^{County} Frederick MARYLAND

Date 19 ^{Month} 02 ^{Day} 4 ^{Age} 22 ^{Y.} 83 ^{M.} ^{D.} ^{Native of} Ireland ^{Occupation} Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living 3

Husband of

Wife

Father's

Name Maiden Name

Mother's

Cause of { Primary Acute Bronchitis How long sick 3 Days
 Death { Immediate Congestion of the Lungs Accident, Suicide, Homicide

Reported by John B. Brauner, M.D.

Address Emmitsburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Susan R. Mikel
 Town Frederick County

Died at

MARYLAND

Date 1902

Month Day Year
 April 13th

Age

M. D.
 6. 11.

Native of

Md

Occupation

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Georgia Mikel

Cause of

Primary

Chronic Cough &
 Pneumonia

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Frank

Hedger Mikel

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Hy Miller

Town

County

MARYLAND

Died at

Frederick

Frederick

Month Day

Y. M. D.

Native of

Occupation

Date 1902

April 20

Age

65. 6. 6.

Germany

Retired

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

3

Husband

of

Elizabeth Bensing

~~Wife~~

Father's

Mother's

Name

Conrad Miller

Maiden Name

Christina Bierlein

Cause of

Primary

Cerebral Hemorrhage

How long sick

3 days

Death

Immediate

Coma

~~Accident, Suicide, Homicide~~

Reported by

Schuck M D lat

Address

17 E 2nd St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Elizabeth Ann Morgan

Town *Summitsburg* County *Fredricks*

MARYLAND

Died at	Month <i>4</i> Day <i>7</i>		Y. <i>1902</i>	M. <i>11</i>	D. <i>10</i>	Native of	Occupation
Date 19	<i>02</i>	<i>4</i>	<i>7</i>	Age	<i>73</i>	<i>WV</i>	<i>Religious</i>
	<i>Male</i>	<i>White</i>	<i>Married</i>	<i>Widow</i>	<i>Divorced</i>		
	<i>Female</i>	<i>Colored</i>	<i>Single</i>	<i>Widower</i>	<i>Number of children living</i>		

~~Husband~~ of
~~Wife~~

Father's Name *Charles Morgan* Mother's Name *May Ann Hayden*

Cause of	Primary	<i>Hemiplegia</i>	How long sick	<i>3 Months</i>
	Death	<i>Immediate</i>	<i>Coronary</i>	<i>Accident, Suicide, Homicide</i>

Reported by *John B Brauerch*
Address *Summitsburg Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary Elizabeth Monro

Died at 13 ^{Town} Brunswick ^{County} Frederick MARYLAND

Date 1902 April 20 Age 26- Y. M. D. Native of Ind Occupation Housewife

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living Six

Husband of W. C. Monro 179

Wife

Father's Name Washington Henderson Mother's Maiden Name Laura Henderson

Cause of Death { Primary Neuralgia of Stomach How long sick 4 hours

Immediate Heart failure or paralysis ~~Accident, Suicide, Homicide~~

Reported by Levin Wash

Address Brunswick Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

APR 30 1902

4, 30 Pm

Name In Full

Certificate of Death

George Naah

Died at ^{Town} Harkersville ^{County} Frederick MARYLAND

Date 1962 Month 4 - Day 13 Age 2 - - Native of County Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name George Naah Mother's Maiden Name Mary Halk

Cause of Death { Primary Malignant scarlet fever How long sick 10 days

Death { Immediate Accident, Suicide, Homicide

Reported by J. D. Micodemus

Address Harkersville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Age

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

+

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Mania

How long sick

1 week

Death

Immediate

Chauvin

Accident, Suicide, Homicide

Reported by

S. S. Maynard M.D.

Address

17 Second West

Freeman M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Rose Penders
 Died at *Gumtsburg* Town *Fredrick* County *MARYLAND*
 Date 1902 *4 30* Month Day Y. M. D. Age *46 7* = *Belona* Native of *Religious* Occupation
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Father's Name *Patrick Penders* Mother's Name *Nora Coffee*

Cause of Death { Primary *Tuberculosis Hemorrhagic* How long sick *Two years*
 Immediate *General Dropsy* ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by *John B. Branner, M.D.*
 Address *Gumtsburg Md.*

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *Laura Pryor*

Town *Sabillasville* County *Fredrick*

Died at *MARYLAND*

Date 19 *02* Month *April* Day *26* Age *39. 5. 3.* Y. *39* M. *5* D. *3* Native of *Maryland* Occupation *Housewife*

~~Male~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living *09*

Husband of *David Pryor*

Father's Name *Ezra Hilliard* Mother's Maiden Name *104*

Cause of Death { Primary *Acute Indigestion* Immediate *Heart Failure* } How long sick *7 days*

Reported by *C. L. Wachtel M.D.*

Address *Sabillasville Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Susan Riffell

Died at Middletown

County

Frederick

MARYLAND

Date 1904 Apr 4 about 7 1/2 M. D. Native Milk Co. Occupation Anne wife

Female White Married Widower Number of children living 3

Wife of John Shutenhelm

Father's Name Wrick Riffell Mother's Name Sophia Derr

Cause of Death Primary Paralysis Exhaustion

How long sick 4 years

Accident, Suicide, Homicide

Reported by J. E. Beatty M.D.

Address Middletown

Frederick Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Austin Rippein

Town

County

Died at

Gordonsville Fredericks

MARYLAND

Date

1902

Month

Day

April 5

Age

D.

4

Native of

Fredericks Co

Occupation

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

John I Rippein

Mother's

Name

Maggie B Harsh

Cause of

Primary

Effects of hard birth

How long sick

4 days

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. Thomas Linn.

Address

Libertytown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name in Full

Certificate of Death

Charles S. Roach

Town

County

Frederick

MARYLAND

Died at

Date 19

2 April 1904

Age

Y. M. D. 8 4 3

Native of

Ind

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Charles Roach

Mother's

Maiden Name

166.

Cause of

Primary

Pistol shot of Brain

How long sick

2 months

Death

Immediate

Paralysis, Cardiac failure,

Accident, Suicide, Homicide

Reported by

Frank

Hedger M. L.

Address

Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Hawkes Church

May 1 1902

Bob O'ary

Name In Full

Certificate of Death

Julia E Rouzer

Died at ^{Town} Thurmont ^{County} Frederick MARYLAND

Date 1890	Month 4	Day 15	Age 63	Y. 2	M. 11	D. 11	Native of Md	Occupation
Male	White	Married	Widow	Divorced	None			
Female	Colored	Single	Widower	Number of children living				

Husband of Col John R. Rouzer

Wife Joseph A Millhise

Mother's Name

53

Cause of	Primary	Leukemia	How long sick	two months
Death	Immediate		Accident, Suicide, Homicide	

Reported by James H. Haters

Address Thurmont Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Susanna Schildknecht

Town

County

Died at *Myersville, Frederick*

MARYLAND

Date 1902 *Apr. 9* Month Day Y. M. D. Age *83-4-13* Native of *Md.* Occupation *Housewife*

~~Male~~ White Married Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ Widower Number of children living *5*

Husband of *Henry Schildknecht*
 Wife
 Father's Name *Martin Snyder* Mother's Maiden Name *Elizabeth Sinnerly*

Cause of Death { Primary Immediate *Pneumonia* *93* How long sick *5 days*
 Accident, Suicide, Homicide

Reported by *Ralph Browning*
 Address *Myersville, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 0

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Daniel Shaffer

Died at

Town Middletown

County

Frederick

MARYLAND

Date

1902 Apr 14

Month

Day

Y.

M.

D.

Native of

Occupation

Age

77- - 7

Md

Farmer (ret)

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband

of

Wife

Sarah Ann Horne

Father's

Name

George Shaffer

Mother's

Name

Elizabeth Reesberg

Cause of

Primary

General Debility

How long sick

6 mos.

Death

Immediate

Heart Failure

154

Accident, Suicide, Homicide

Reported by

A. A. Lamon M.D.

Address

Middletown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

Aene S Hornaker

Town

County

Died at

MARYLAND

Died at Balivan Frederick
 Date 1902 Apr 28 189 Apr 28 189
 Age 43 yrs about 1 Md Housewife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 10

Husband of Rufus S Hornaker
 Wife Henry Crone Mother's Name Ellen Hill
 Father's Name Henry Crone

Cause of Death { Primary Mitral Regurgitation (3) 19 How long sick 45 min
 Immediate Heart-failure - sudden death Accident, Suicide, Homicide

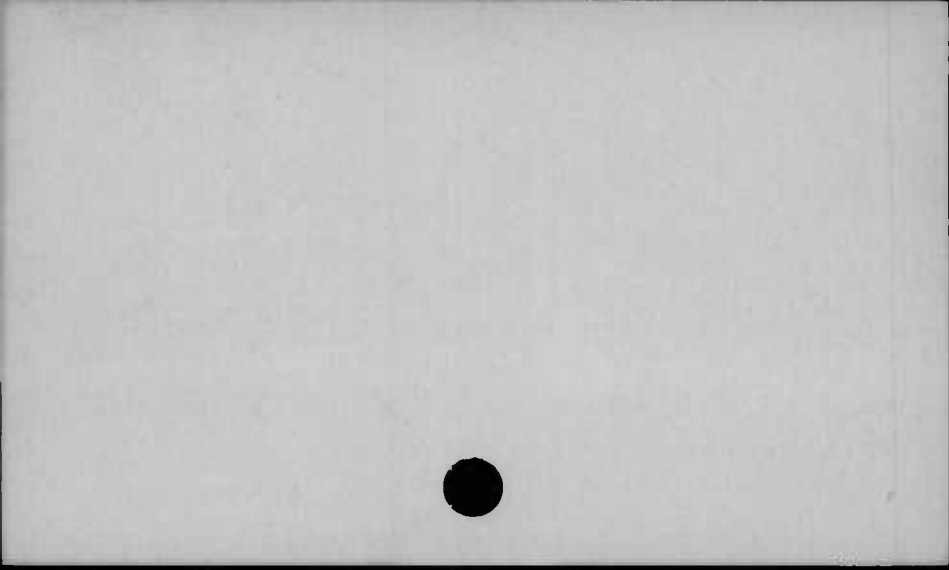
Reported by A. A. Lamm M.D.

Address Middletown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Effie B. Simmons*
 Town *Thurston* County *Fredricks* MARYLAND
 Died at *Thurston*
 Date 1902 *Apr. 12* Month *Apr.* Day *12* Y. *35* M. *—* D. *—*
 Native of *W.D. Scholten* Occupation *W.D. Scholten*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
Female ~~Colored~~ *Single* *Widower* *Number of children living*
 Husband of *21*
 Wife *21*
 Father's Name *Wm Simmons* Mother's Maiden Name *Eliza Harris*
 Cause of Death { Primary *Consumption* Immediate *Asphyxia* How long sick *3 months*
Asphyxia ~~Accident, Suicide, Homicide~~
 Reported by *E. E. Williams, M.D.*
 Address *W. E. Williams, Maryland.*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Ann Smith.

Died at

1902
Date 189Town
Liberty

Month Day

April 24

Age

76 8 24

County

Frederick

Native of

Maryland

Occupation

Housewife

MARYLAND

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband

of

Wife

Father's

Name

Cause of

Primary

Immediate

Death

Reported by

Address

Mother's

Name

How long sick

4 months

Accident, Suicide, Homicide

J. Thomas Sir

Liberty town Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Caroline Virginia Smith

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

4 23

Age

Y.

M.

D.

81.1.19

Native of

Md

Occupation

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widow~~

Number of children living

two

~~Husband~~
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Old Age

154

How long sick

four months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No Doctor in attendance

Certificate of Death

Reported by *Thermal Sims MD*
Address *Liberty Town Md*



Name in Full

Certificate of Death

Wife Margaret Lloyd Dr.

Town

County

MARYLAND

Died at

Moulton

Dorchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April

5

Age

73

Washington Co Md

retired

Male

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Paralysis

How long sick

2 weeks

Death

Immediate

Chaustration

Accident, Suicide, Homicide

Reported by

S. S. Maynard

Address

17 Second St. N.

Freemont Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809



Stanton

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4 - 19

Age

about 30 y

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widowess~~

Number of children living

Husband
of
Wife

Unknown

Father's
Name

Unknown

Mother's
Maiden Name

Cause of

Primary

Death

Immediate

Gun shot wound

166

How long sick

Accident, Suicide, Homicide

Reported by

C. C. Carty

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Clara Grace Stone

Died at *Fredrick*

Town

County

MARYLAND

Date *1902* Month *4* Day *29* Age *— 6 —* Native of *md* Occupation *X*

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒ Number of children living *X*

Female ☐ Colored ☐ Single ☐ Widower ☐

Husband of *X*

Father's Name *John Stone*

Mother's Name *Orra Hall*

Cause of Death { Primary *Pulverosis. Pneumonia*

How long sick

Death { Immediate *Meningitis*

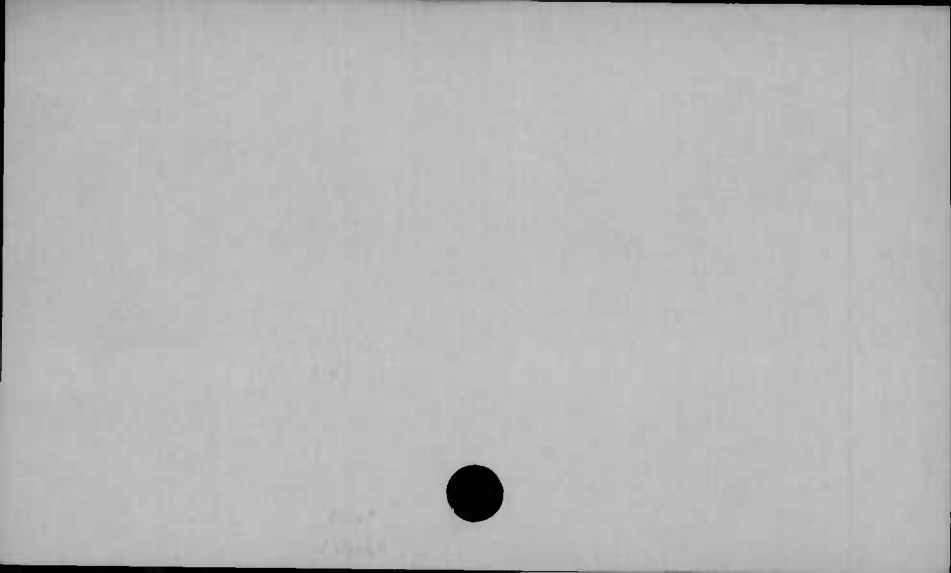
Accident, Suicide, Homicide

Reported by *W. J. Fordice, M.D.*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65923



Henry William Summers

Died at ^{Town} Near Middleton ^{County} Frederick MARYLAND

Date 1902 April 2 Age 70-5-23 Native of Md Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 5

Husband of Esther Catherine Derr

Father's Name Geo W Summers Mother's Name Catherine Michael

Cause of Death { Primary General debility - 154 How long sick 3 months
 Immediate Exhaustion short failure ~~Accident, Suicide, Homicide~~

Reported by E L Buckley Jr

Address Middleton Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William R. Sweeney
 Town County

Died at Emmittsburg Frederick

MARYLAND

Date 1902 Apr 22 Age 64-4-8 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living
 Occupation Farmer -

Husband of

Wife

Father's

Name

Mother's

Married Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70805



Died at Near Lander Frederick MD MARYLAND
Town County
Date 19 62 April 7 Y. M. D. Native of Occupation
Month Day
Age Born Dead
Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband
of

Wife

Father's Name Hiram Thomas Mother's Maiden Name Mrs. Kefauver

Cause of Death { Primary D. How long sick
Immediate Infant born dead Accident, Suicide, Homicide

Reported by N. Botter Evans M.D.
Address Jefferson Frederick MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Maurice, D. Troutell

D. Diller

Town

County

Died at

Rocky Ridge

Fred IK

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

r apr. 5

Age

- 2. 16

Ind

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Clayton Troutell

Mother's

Name

Mary C. E. Lawrence

Cause of

Primary

Lung trouble

How long sick

Since birth

Death

Immediate

Supposed Whooping cough

Accident, Suicide, Homicide

Reported by

C. H. Diller

Address

D. R. Crunk Mary land -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 85887



Name in Full

Certificate of Death

John H. Harner
 Town *Myersville* County *Fredrick* MARYLAND
 Died at

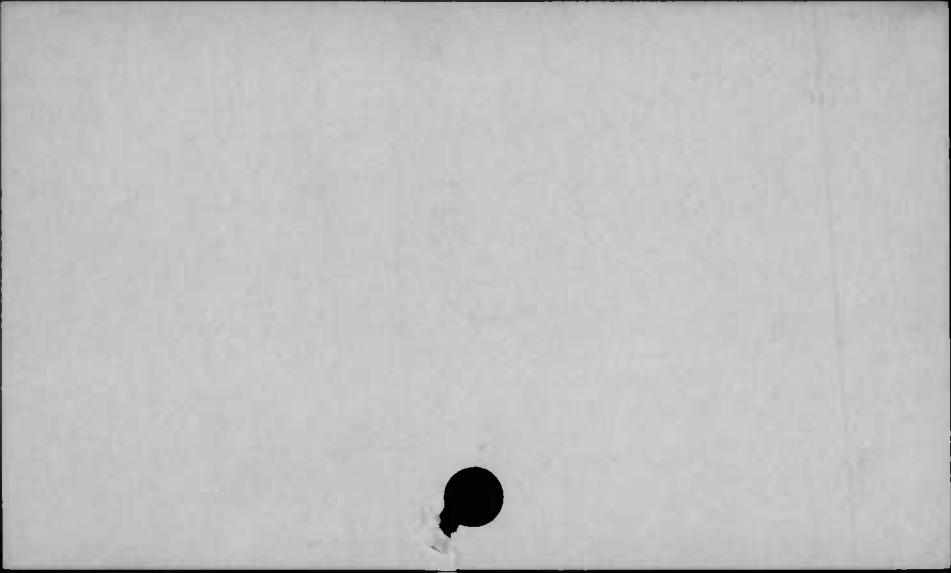
Date 19*08* . *Apr.* *16* . Age *58-11-10* Native of *Md.* Occupation *Farmer.*
 Male ~~White~~ Married ~~Widow~~ Divorced
 Female ~~Colored~~ ~~Single~~ Widower Number of children living *1*

Husband of *Martha Harner*
 Wife
 Father's Name *Isaac Harner* Mother's Maiden Name *Mary Smith*

Cause of Death { Primary Immediate *Valvular Disease of Heart* How long sick *79 Days*
 { *Accident, Suicide, Homicide*

Reported by *Ralph Brownrigg*
 Address *Myersville, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Husband of

Wife

Father's Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Divorced

Number of children living 6

How long sick

Accident, ~~Suicide~~, ~~Homicide~~



Name In Full

Certificate of Death

7 1/2 months child. Lived 7 days

Died at ^{near} Brunswick ^{Town} Frederick ^{County} MARYLAND

Date 19 02 ^{Month} April ^{Day} 24 ^{Y.} - ^{M.} - ^{D.} 7 ^{Native of} Ind ^{Occupation} —

^{Male} Male ^{White} White ^{Married} Married ^{Widow} Widow ^{Divorced} Divorced

^{Female} Female ^{Colored} Colored ^{Single} Single ^{Widower} Widower ^{Number of children living} —

Husband of

Wife

Father's Name

Cause of

Death

Reported by

Address

Mother's

Maiden Name

How long sick

~~Accident, Suicide, Homicide~~

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70809



Name In Full

Certificate of Death

Evan Lyons Whiting

Town

County

Died at *Montevue Hospital* *Frederick Co* MARYLANDDate 1902 *Apr 22* Month Day Y. M. D. Age *34-8-11* Native of *Maryland* Occupation *—*

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~Number of children living *—*Husband of *—*

Wife

Father's

Name

Geo. V. Whiting

Mother's

Maiden Name *—*

Cause of

Primary

Acute Insanity *68*How long sick *3 weeks*

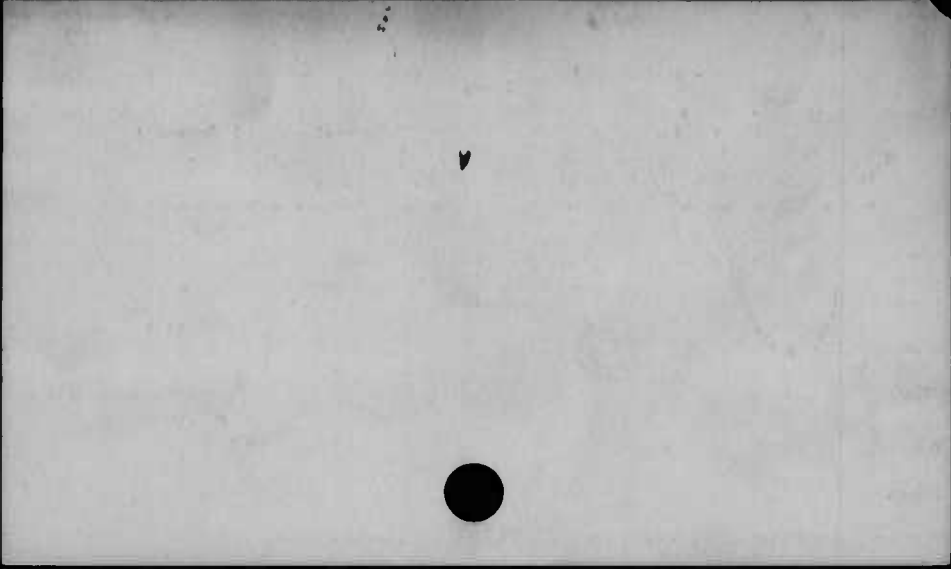
Death

Immediate

Collapse~~Accident, Suicide, Homicide~~Reported by *S. V. Whiting*Address *17 Broad St. N.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Name in Full

Certificate of Death

Widley Whalen

Town
Adamstown

County
Gneil,

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 1902.

4 6

Age

8 15

neil

1

~~Male~~

~~White~~

~~Married~~

~~Widow~~

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

John Whalen

Mother's
Maiden Name

Hattie Ambush.

Cause of

Primary

Capillary Bronchitis

How long sick

Death

Immediate

Convulsion

Accident, Suicida, Homicide

Reported by

C. H. Conley

Address

Adamstown, Md.

Must be signed by physician, if any in attendance, otharwisa by coroner, undertaker or minister.

